

MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

ORIGINAL OR AMENDED			
STATEMENT OF ORGANIZATION FORM FOR BALLOT QUESTION COMMITTEES			
	11. Name and Address of Depositories or Intended Depositories	of	
ココユコー	committee funds.		

1. Committee ID#: 137371	Name and Address of Depositories or Intended Depositories of committee funds.
2. Type of Filing:	a. Official Depository
Amendment to Items: Eff. Date: 10,5,05	ELABSINE IST-GKATIOT CLINTON TOWNSHIP MICHED
3. Date Committee was Formed:/	b. Secondary Depository
4. Full Name of Committee: CINTAMA FOL A SAFE	
5. Acronym or Abbreviation (if any):	Complete if Committee is being registered to support or oppose a specific ballot proposal: □Support or □Oppose
6. Complete Committee Mailing Address (May be PO Box):	If not a statewide proposal, list the county, city, township, village or school district involved. If multi-county, list the county where the greatest number of voters eligible to vote on the proposal reside:
	□Statewide
7.Complete Committee. Street Address (May not be PO Box):	□County □Multi: County:
	GLocal:
	13. ELECTRONIC FILING: This item applies to estimative that with the Michigan Department of State Bureau of Elections only and does apply to Ballot Question Committees that file with the Computer Series.
Committee Phone #: ()	The Campaign Finance Act requires any continues that files with the Secretary of State and spends or receives \$20,000 in the preceding calendar
Committee Fax #: () Committee E-mail Address:	year OR expects to spend or receive \$20,000 in the different cerendar year to file campaign statements electronically. MERTS File Stwar provided to you free of charge to assist you in meeting this requirement.
8. Treasurer Name and Complete Address:	☐ Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically.
	** OR **
	☐ Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically voluntarily.
Phone #: ()	14. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate
E-mail Address:	and complete to the best of my/our knowledge or belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the
Designated Record Keeper Name and Complete Address:	preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date below)
	Current Treasurer:
Phone #: ()	Am 2016 10,5,05
E-mail Address:	Designated Record Keepe (Required only if filing electronically):
10. [] REPORTING WAIVER REQUEST: If the committee does not expect to receive or expend in excess of \$1,000 in an election and checks this box; the filing requirement of pre, post and annual campaign statements is waived. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold.	